

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Save America Stop Socialism PAC

ADDRESS (number and street)

413 Shorter Avenue

☐ (Check if address is changed)

Suite 103

Rome

CITY ▲

GA

STATE ▲

30165

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

saveamericastopsocialism@rtastrategy.com

Optional Second E-Mail Address

partner@rtastrategy.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

SaveAmericaStopSocialism.com

2. DATE

MM / DD / YYYY
08 / 17 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00755199

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Boles, Jason, D, ,

Signature of Treasurer

Boles, Jason, D, ,

[Electronically Filed]








Date

MM / DD / YYYY
11 / 15 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Save America Stop Socialism PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

MARJORIE TAYLOR GREENE'S PEOPLE OVER POLITICIANS COMMITTEE

Mailing Address

PO BOX 1575

ROSWELL

CITY

GA

STATE

30077

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Boles, Jason, D, ,

Mailing Address

PO Box 1483

Roswell

CITY

GA

STATE

30077

ZIP CODE

Treasurer

Telephone number

770

330

6185

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Boles, Jason, D, ,

Mailing Address

PO Box 1483

Roswell

CITY

GA

STATE

30077

ZIP CODE

Title or Position
Treasurer

Telephone number

770

330

6185

Full Name of
Designated
Agent

Rosss, Derek, , ,

Mailing Address

300 Independence Ave SE

Washington

CITY

DC

STATE

20002

ZIP CODE

Title or Position

Attorney In Fact

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

ServisFirst Bank

Mailing Address

300 Galleria parkway SE

Suite 100

Atlanta

CITY

GA

STATE

30339

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

GREENE, MARJORIE TAYLOR MRS., , ,

Mailing Address

204 WOODGLEN RD.

ROME

GA

30165

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☒

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲